

# **EXHIBIT O**

# Estate of William Wesley Sharp

# VCF Documentation



September 11th  
Victim Compensation Fund

October 1, 2019

GENEVIEVE SHARP

[REDACTED]

Dear GENEVIEVE SHARP:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of WILLIAM SHARP. Your claim number is VCF0108732. Your Eligibility Form was determined to be substantially complete on September 30, 2019. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit on behalf of the decedent and his or her survivors.

#### **The Decision on your Claim**

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- CHRONIC SINUSITIS UNSPECIFIED
- MYELODYSPLASTIC SYNDROME UNSPECIFIED

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

#### **What Happens Next**

**If the decedent was certified for treatment by the WTC Health Program for a condition not listed above**, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

**If you believe the decedent had eligible injuries not treated by the WTC Health Program** and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF



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to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

**If the decedent did not have injuries other than those listed above,** you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th  
Victim Compensation Fund

November 4, 2020

GENEVIEVE SHARP  
C/O WENDELL TONG  
SULLIVAN PAPAIN BLOCK MCGRATH & CANNAVO, PC  
120 BROADWAY 18TH FLOOR  
NEW YORK NY 10271

**Re: CLAIM NUMBER: VCF0108732**

Dear GENEVIEVE SHARP:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on January 10, 2020 notifying you of the decision on your claim and the amount of your award. That letter included a request for documents that were missing from your claim and are required in order to process your payment. The VCF has since received the requested documents and this letter provides the details of your award and information on the next steps to be taken on your claim.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as [REDACTED]. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

**What Happens Next**

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.



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- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under “Frequently Asked Questions” and in the Policies and Procedures available under “Forms and Resources.”

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the “Collateral Offset Update Form” found under “Forms and Resources” on the [www.vcf.gov](http://www.vcf.gov) website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0108732**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.



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Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: GENEVIEVE SHARP



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## Award Detail

Claim Number: VCF0108732  
Decedent Name: WILLIAM SHARP

<b>PERSONAL INJURY CLAIM (Losses up to Date of Death)</b>	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
<b>Total Lost Earnings and Benefits</b>	<b>\$0.00</b>
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
<b>Total Offsets Applicable to Lost Earnings</b>	<b>\$0.00</b>
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Medical Expense Loss	[REDACTED]
Replacement Services	\$0.00
<b>Total Other Economic Losses</b>	[REDACTED]
<b>Total Economic Loss</b>	[REDACTED]
<b>Total Non-Economic Loss</b>	[REDACTED]
<b>Subtotal Award for Personal Injury Claim</b>	[REDACTED]



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<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Replacement Services	
Burial Costs	
<b>Total Other Economic Losses</b>	
<b>Total Economic Loss</b>	
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	
Non-Economic Loss - Spouse/Dependent(s)	
<b>Total Non-Economic Loss</b>	
<b>Additional Offsets</b>	
Social Security Death Benefits	
Life Insurance	\$0.00
Other Offsets	\$0.00
<b>Total Additional Offsets</b>	
<b>Subtotal Award for Deceased Claim</b>	



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<b>Subtotal of Personal Injury and Deceased Claims</b>	
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
<b>TOTAL AWARD</b>	[REDACTED]
<b>Factors Underlying Economic Loss Calculation</b>	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>	
Chronic Sinusitis Unspecified	
Myelodysplastic Syndrome Unspecified	

# Family Member Affidavits

# Genevieve Sharp

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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In Re:

TERRORIST ATTACKS ON  
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

JILL ACCARDI, et al.,

----- X

**AFFIDAVIT OF  
GENEVIEVE SHARP**

Plaintiffs,

21-CV-06247 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF NEW YORK )  
: SS  
COUNTY OF WESTCHESTER )

GENEVIEVE SHARP, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at

[REDACTED]  
2. I am currently 71 years old, having been born on [REDACTED].

3. I am the wife of Decedent, William Wesley Sharp, upon whose death my claim are based. I submit this Affidavit in support of the present motion for a default money judgment for the claim made on behalf of my husband's estate and for my solatium claim. On November 9, 2017, I was issued Letters of Administration as an Administrator of my husband's estate by the Westchester County Surrogate's Court.

4. My husband passed away from Myelodysplastic Syndrome on March 26, 2017, at the age of 65. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. The decedent and I were married in 2005 and were together in a relationship for a total of 20 years. My husband was an employee at John Heuss House, 42 Beaver Street, NY, NY 10004 from the early 1990s through 2009. John Heuss House was a homeless shelter, affiliated with Trinity Church in downtown Manhattan. Bill was a Senior Administrator and bookkeeper at the center. He worked tirelessly advocating for the center's homeless, managing budgets, ordering all supplies, and establishing dietary plans and menus for the shelter's clientele. He was a kind and caring man, who enjoyed helping those less fortunate than himself.

6. When 9/11 happened, his main concern was getting to work, so he could assist anyone in need. I was concerned for his safety, but he was adamant about not missing a day after the tragedy. He made his way to Bellevue Hospital and waited there for transport to John Heuss House. His workplace was in a basement at 42 Beaver Street in the heart of "ground zero", where the air was thick with waste and debris. But that didn't stop him from showing up every day between 9/11 and the time the shelter closed its doors in 2009.

7. A few years later, my husband developed night sweats and fatigue. As time passed, his symptoms worsened. We repeatedly found ourselves in the Emergency Room at NYP Lawrence Hospital, near our home in Bronxville, before his condition was properly diagnosed. His white blood-cell count kept decreasing and doctors were baffled as to why this was happening. Finally in August 2016, Bill was diagnosed with MDS, which rapidly developed into Leukemia. At first, we were hopeful that he might be able to receive a bone marrow transplant. But unfortunately, his health kept declining. Beginning September 2016, he underwent chemo treatments, numerous tests, scans, painful bone marrow biopsies, x-rays, and MRIs, yet his condition didn't improve. Then in December 2016, he was admitted into NY Presbyterian

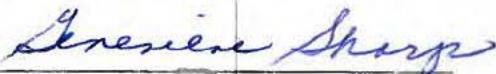
Hospital, where he remained and died on 3/26/17. During that period Bill suffered great physical and emotional distress and needed to receive whole-blood and platelet transfusions daily. He had to be given pain and sleep medication to alleviate some of his constant discomfort, while concurrently being subjected to an endless battery of medical tests- all to no avail.

8. I spent nearly every day with Bill at that hospital. I'd drive home each morning, park my car, check on him at breakfast, then get on the subway at 168<sup>th</sup> street and go to work to make our mortgage payments. I'd return to be with him in the evening. Many nights I slept over. I can't begin to describe how painful it was to watch my loving husband's suffering and death. Bill was a man who had spent much of his adult life helping others. To this day, it's still incomprehensible to me why someone who lived serving others, should die prematurely because of it. Arthur Mulford, Jr., Bill's stepson, has told me that Bill's guidance and example showed him what it meant to be a good man and husband. He learned about healthy and loving relationships from my marriage to Bill. My son now has a baby girl and we're all grieving, because she'll never get to know her wonderful grandfather. Bill also acted as a surrogate granddad to my late sister's grandchildren. Both Bill and I babysat, played with, went on outings, and acted in every way as grandparents to my niece's two young boys- Matthew and Ryan Cooper. We attended every graduation, sports event, and celebration in our lives together. Bill took the boys fishing and taught them how to golf. They thought of him as their grandfather and were heartbroken over his loss. Additionally, Bill was also survived by his daughter, Tracy Ferreira, his elderly parents, six siblings, many nieces, nephews, and friends. His loss had saddened and impacted all their lives too.

In addition to my husband's emotional support, love, and protection, he also made sure our home was well taken care of. Bill was extremely handy. He painted both the entire inside

and outside of our house by himself. He fixed most repairs that had to be done in the house and was a fine gardener. I no longer have anyone to help me with the upkeep of my home. It's been very hard for me to care for my home's maintenance alone. I have had to hire someone to mow and fertilize the lawn, weed the garden, rake leaves, and shovel snow in the wintertime. I've also had to purchase underground sprinklers to water the grass. Because I'm now by myself, I've installed a security system to feel safer at night. All of this is separate from the medical, funeral, and burial costs incurred. I've needed to seek bereavement counseling and psychiatric help and medication to cope with this tremendous loss. My insurance didn't cover much of this and my many out-of-pocket expenses were a financial burden.

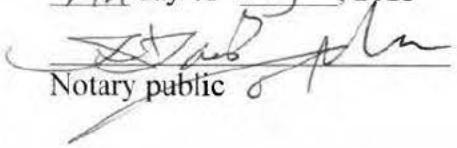
Of course, none of what I listed here can begin to explain the heartbreak my husband's death has caused me and my family. Both Bill and I had worked all our lives and were looking forward to spending our "golden years" together. We planned on retiring and hoped to travel, enjoy grandkids, and grow old with one another- simple expectations after lifetimes of hard work. Sadly, September 11<sup>th</sup> took away my beloved husband, along with all plans for a happy and peaceful future together.



GENEVIEVE SHARP

Sworn before me this

7th day of Aug, 2023

  
Notary public

AHN TED TAESHIK  
Notary Public, State of New York  
No. 01AN6286995  
Qualified in Westchester County  
Commission Expires 08/05/2025